

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 29 PM 1:46

1. Name of Limited Partnership 2104, LTD.		1a. DOCUMENT # A96000000966	
Mailing Address 2104 SW 58 AVE HOLLYWOOD FL 33023		Principal Office Address 2104 SW 58 AVE HOLLYWOOD FL 33023	
2. Mailing Address 2210 SW 57th AVE		2a. Principal Office Address 2210 SW 57 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HOLLYWOOD FL		City & State HOLLYWOOD FL	
Zip 33023 Country US		Zip 33023 Country	
3. Date Formed or Registered 5-24-96		5a. Capital Contributions as Shown on record 200000.00	
3a. Date of Last Report 1-3-97		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation FL		6. FEI Number 105-0666345	
7. Certificate of Status Desired		☐ Applied For ☐ Not Applicable	
8. Make check payable to Dept. of State (See reverse side for fee information)		☐ \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent BENDER, HARRY K. 5915 PONCE DE LEON BLVD STEW CORAL GABLES		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 00000270010-3 Suite, Apt. #, etc. -02/09/98--01089--007 City FL Zip Code 541.25	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____

DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) DANFRAN REALTY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2210 SW 57 AVE	11b. City, State & Zip Code HOLLYWOOD FL 33023	11c. Registration Document Number P96000036586
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____

DATE **1/10/99**

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (8/98)